2624

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)

FEE TRANSMITTAL
For FY 2005

[ ] Applicant claims small entity status. See 37 C.F.R. 1.27

Complete if Known	
Application Number	09/866,664
Filing Date	May 30, 2001
First Named Inventor	TARO IKEDA
Examiner Name	Kyle M. Pendergrass
Art Unit	2624

TOTAL AMOUNT OF PAYMENT	($) 0.00	Attorney Docket No.	03500.015393

METHOD OF PAYMENT (check all that apply)

[ ] Check [ ] Credit Card [ ] Money Order [ ] None [ ] Other (please identify): _____

[X] Deposit Account   Deposit Account Number: 06-1205   Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

[ ] Charge fee(s) indicated below
[X] Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17

[ ] Charge fee(s) indicated below, **except for the filing fee**
[X] Credit any overpayments

WARNING: Information on this form may become public. Credit card Information should not be Included on this form. Provide credit card Information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee ($)	Fee ($)	Fee ($)	Fee($)	Fee($)	Fee($)	Fees Paid ($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____

2. EXCESS CLAIM FEES

Fee Description	Fee($)	Small Entity Fee($)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)		Multiple Dependent Claims	
8 - 20 or HP =	1	x 0	= 0		Fee($)	Fee Paid ($)

HP = highest number of total claims paid for, if greater than 20

	Fee($)	Fee Paid ($)
	0	0

Indep. Claims	Extra Claims	Fee($)	Fee Paid ($)
1 - 3 or HP =	0	x 0	= 0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

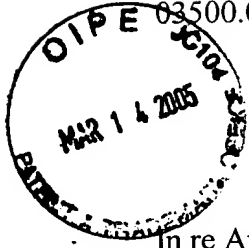| Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ - 100 =	_____ / 50 =	_____ (round up to a whole number) x	_____ =	_____

4. OTHER FEE(S)

Fees Paid ($)

Non-English Specification, $130 fee (no small entity discount)   _____

Other: _____   _____

SUBMITTED BY			
Signature	[signature]	Registration No. (Attorney/Agent) 55,112	Telephone 202-530-1010
Name (Print/Type)	Michael J. Didas		Date: March 14, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
                                               :   Examiner: Kyle M. Pendergrass
TARO IKEDA   )
                                               :   Group Art Unit: 2624
Application No.: 09/866,664   )
                                               :   Confirmation No.: 5135
Filed: May 30, 2001   )
                                               :
For: IMAGE FORMING APPARATUS   )   March 14, 2005 (Monday)

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT

Sir:

In response to the Office Action mailed December 13, 2004, the Examiner is

respectfully requested to enter the below amendments and consider the following remarks: